

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on					
Full Name of Payee Natchez Democrat			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 503 N Canal Street			Amount 1257.75		
City Natchez	State MS	Zip Code 39120	Transaction ID : SE.4947 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Newspaper Advertisement		Category/Type 004			
Name of Federal Candidate Thad Cochran			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: MS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee The Jackson Advocate			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address PO Box 3708			Amount 600.00		
City Jackson	State MS	Zip Code 39207	Transaction ID : SE.4942 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Newspaper Advertisement		Category/Type 004			
Name of Federal Candidate Thad Cochran			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: MS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1857.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u>			Date MM / DD / YYYY 12 / 03 / 2014		
[Electronically Filed]					